



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER KOKOMO  
Street Address: 1601 W. Lincoln Road  
City: Kokomo  
County: Howard  
Administrator Name: Brandy Dillon  
Administrator Email: bdillon@cataractandlaserinstitute.net  
ASC Web Address:  
Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2154	3205
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1507	
66821	1251	
65855	250	
66982	217	
0191T	84	
66761	79	
15823	56	

67900	8
66250	5
66986	4

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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